



Family and Community Services Client Satisfaction Survey Disability Gateway Services

Summary report – June 2012



Baptcare Report # RD1201

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1. Introduction

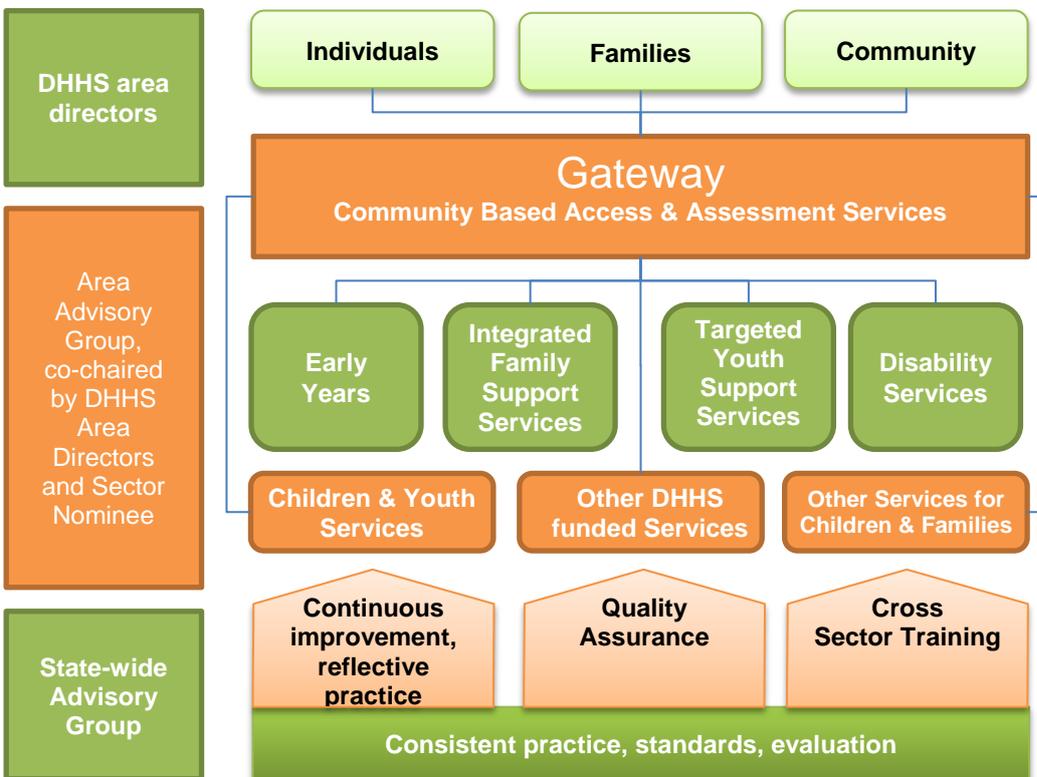
1.1 Background

The Baptcare Disability Gateway model has been in operation in Tasmania for 2 years. Baptcare and Mission Australia work in partnership to implement a single state-wide entry point for community intake, assessment and planning into disability and family services. This partnership includes a range of other service providers as both alliance partners and stakeholders.

The aim of the Disability Gateway services is to provide a single access point for individuals, agencies, services and other professionals such as teachers, community agencies and general practitioners to refer clients for services and to obtain information and advice in relation to family support and specialist disability services in each area of Tasmania.

Figure 1 below shows the Gateway program configuration with the full current service continuum. A 1800 phone number operates as a single entry point state-wide: callers are diverted to the closest of the four service provision points, which are located in the North, North West, South West and South East.

Figure 1: The Tasmanian Gateway Model



There are clear similarities between Tasmania's Disability Gateway and the *Productivity Commission Inquiry into Disability Care and Support's* recommendations for a National Disability Insurance Scheme (NDIS). As stated in the report (2011, Vol 1, p.333), the government is looking at Baptcare's implementation of the Gateway model as best practice, and therefore robust evidence is required to demonstrate positive outcomes for those who engage in the services.

The Gateway model is already demonstrating consistent benefits. In 2011, the family support elements of Gateway were formally reviewed by the Department of Health and Human Services (DHHS) Tasmania. The results demonstrated:

"...the model is delivering value for money, positive outcomes...and diverting children from higher cost statutory systems."
Gateway and Family Support Services: Midterm Review Report – DHHS Recommendation 1

To date, there remains a lack of formal evaluation of the effectiveness and efficacy of the Disability Gateway model. As such, there are no comparable benchmarks relating to client satisfaction within disability service provision. This report presents key findings from the *Client Satisfaction Survey – Disability Gateway Services*. Where results are reported as significant, it indicates that a statistically significant difference at a 95% confidence level has been established.

1.2 Research design and methodology

This study used a multi-stage, mixed mode methodological approach. The first stage of the research involved three focus group discussions that were held in Hobart and Launceston during April 2012. Each group consisted of either clients living with a disability or family and primary carers and included a mix of males and females of varying ages. The focus groups helped to identify relevant issues, explored emerging themes and guided the development of the questionnaire.

The second stage of the research consisted of a quantitative survey. Data collection was undertaken by an independent research agency using Computer Assisted Telephone Interviewing (CATI). The in-scope population for the *Client Satisfaction Survey – Disability Gateway Services* were clients who had engaged in the Disability Gateway, aged 14 years and over and from either the South-West or Northern regions of Tasmania (Baptcare sites). Approximately 1300 sample records were randomly selected by Baptcare for participation in the survey. All sample members had experienced extended contact with the Gateway. The sample excluded clients who had received information only.

Interviews were conducted with either the named sample member (i.e. the client living with a disability), or via proxy with a nominated contact person (that is, the person who mainly deals with the Disability Gateway Service on the client's behalf). Parental consent was obtained to speak with clients aged 14-17 years. No direct interviews were obtained from clients aged less than 14 years. Quotas were set according to Baptcare region in order to ensure adequate representation of Baptcare's client base.

All sample members were sent a pre-survey letter to explain the purpose of the survey, outline the confidentiality provisions under which the survey was being conducted and to encourage participation. A total of 250 interviews were achieved in May 2012 (125 interviews per Baptcare region). Of these, 56 interviews were obtained directly from the client, with the remaining 194 interviews collected via proxy. Average interview length was 17.4 minutes.

The response rate for this survey (defined as interviews as a proportion of interviews plus refusals) is 84.5%. This is a strong response to the survey, indicating client's willingness to engage and participate in the research. Table 1.1 provides a summary of project statistics.

Table 1.1 Summary of project statistics

Component	Summary
Interviews completed	n=250
Response rate	84.5%
Start fieldwork date	Thursday 3 rd May 2012
End fieldwork date	Tuesday 8 th May 2012
Average interview length	17.4 minutes

1.3 Research objectives

As a part of Baptcare's commitment to continuous improvement, the overall objective of this research was to obtain empirical evidence on client satisfaction from those who engage in the Disability Gateway services.

1.4 Questionnaire

The development of the questionnaire was a collaborative exercise between Baptcare Family & Community Services staff and Ms Jane Wardlaw, disabilities advocate and research consultant based in Tasmania. The questionnaire consisted of modules on a number of themes that were identified during the qualitative research phase including:

- Awareness and usage of disability services
- Intake experience
- Assessment process
- Referral process
- Local Area Coordination (LAC)
- Current engagement and perceptions of Disability Gateway services

To assist with the finalisation of the *Client Satisfaction Survey – Disability Gateway Services* questionnaire, a small pilot test was conducted. In total, six interviews were undertaken on Thursday 3rd May with a mixture of clients and nominated contact persons. The main purpose of these interviews was to test the

questionnaire flow and length, and the relevance and sensitivities of specific sample types going through each module. Further, the pilot test was used to check the structure and integrity of the data.

1.5 Respondent profile

Table 1.2 details the profile of respondents who participated in the Client Satisfaction Survey. The majority of interviews were completed via proxy (78%) rather than the client (22%), by a female (76%), and respondents were aged (on average) 50 years old. Six in ten respondents (61%) reported that they were a previous client of the Tasmanian Department of Health and Human Services (DHHS, Disability Service), and a slightly higher proportion (68%) were current users of the Disability Gateway.

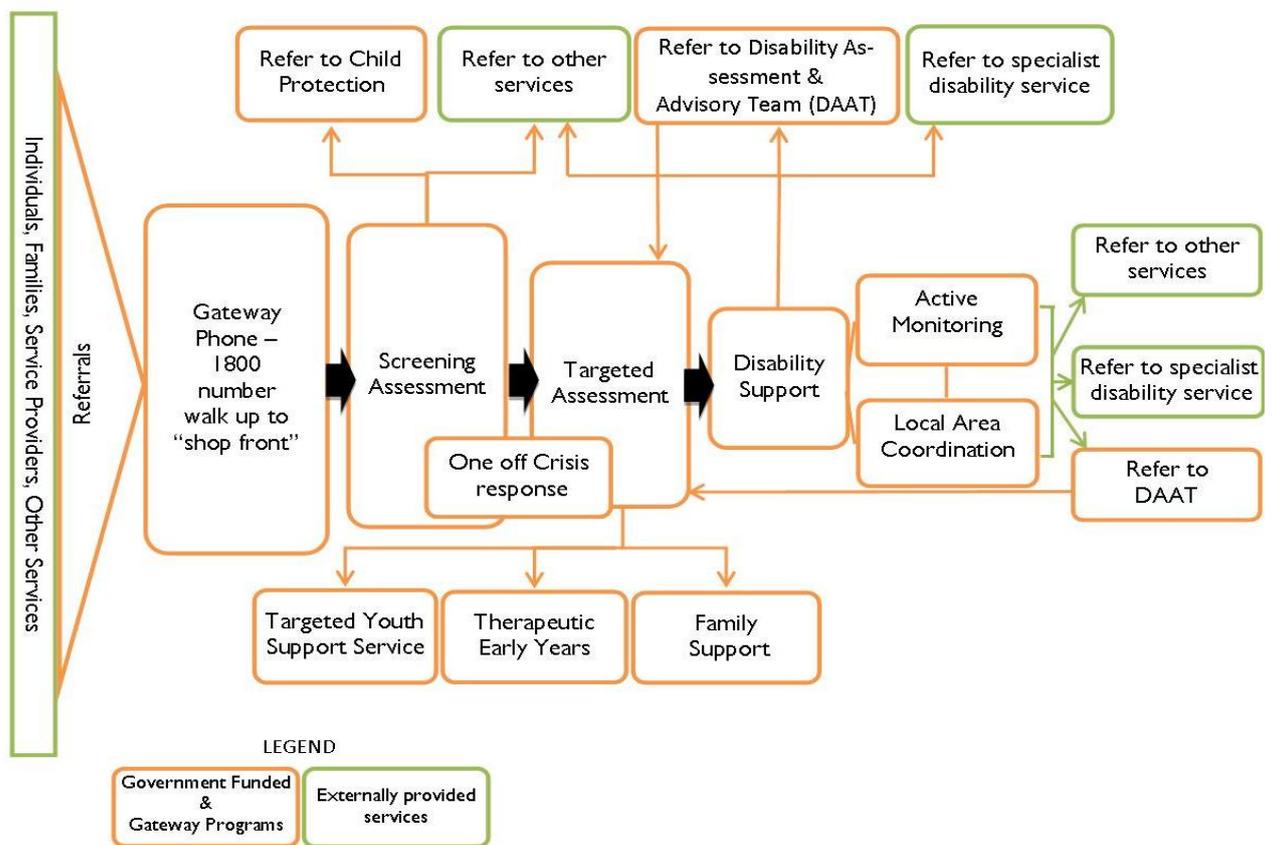
Table 1.2 Respondent profile (%)

Demographics	Completed interviews %
Client type	
Client	22
Proxy	78
Tasmanian region	
Northern region	50
South-West region	50
Gender	
Male	24
Female	76
Age (years)	
Average age	50
Lower age limit	19
Upper age limit	85
Self-reported previous DHHS client	
Yes	61
No	39
Current user of Gateway	
Yes	68
No	32

2. Intake, Assessment, Referral and LAC

At first contact with the Gateway, a trained and experienced practitioner undertakes an initial assessment to determine the need for family or disability supports. Following this initial assessment, if supports are required, a more comprehensive targeted assessment for either disability or family services is undertaken, ensuring the best referral pathway and support continuum is put in place. Figure 2 describes the flow of support in the Gateway in further detail.

Figure 2 The Gateway Assessment and Referral Pathways

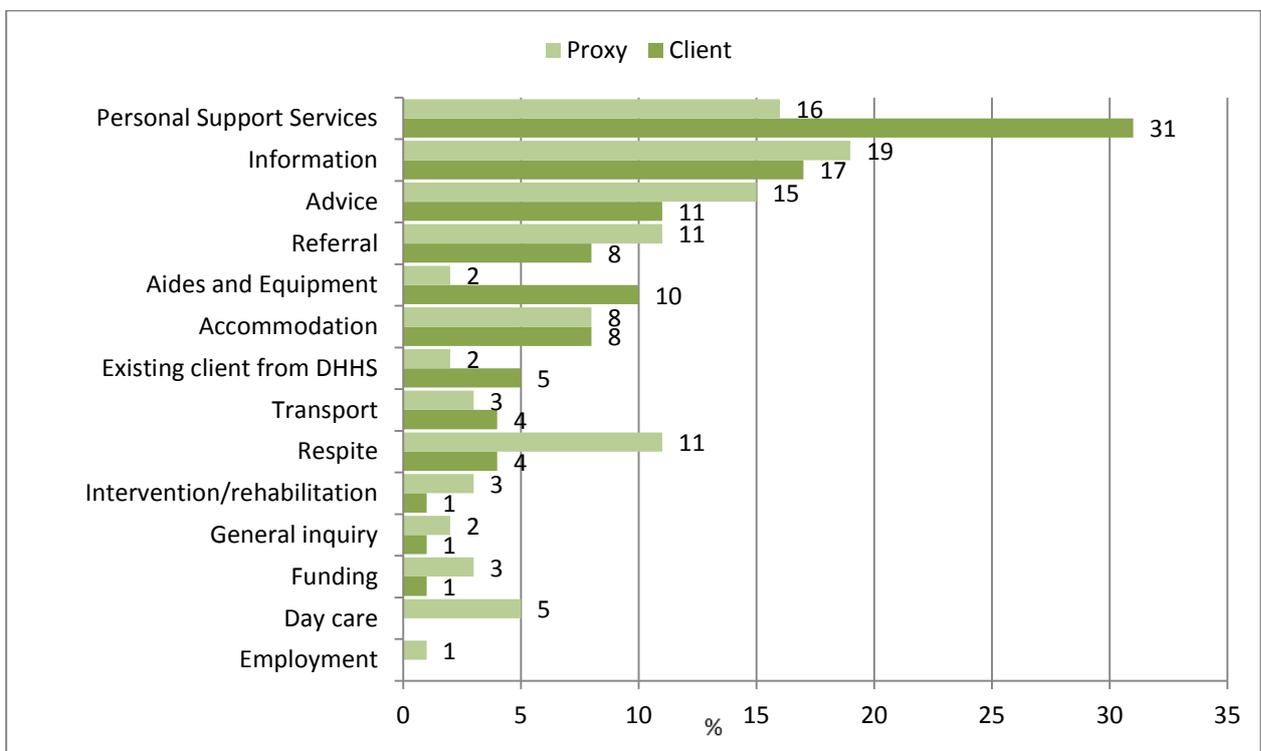


This section of the report examines the survey findings for the Intake, Assessment, Referral and Local Area Coordination (LAC) functions of the Disability Gateway Service. Wherever possible and relevant, results are presented as based on total sample, or type of response (i.e. client and proxy as discrete subgroups). All results are either based as a percentage or mean (average) score.

2.1 Main reasons for contacting the Disability Gateway

Figure 2.1 describes the main reasons for contacting the Disability Gateway. As shown, clients (people living with a disability) and their nominated contact person (proxy) approach the Gateway for similar reasons, these include: personal support, information and advice. The frequency of clients contacting the Gateway seeking Personal Support Services is virtually twice that of their nominated contact person (31% v 16% respectively). This may suggest a desire for increased autonomy of the client that is independent of their immediate primary carer. Further, the contact person is almost three times more likely to approach the Gateway seeking assistance with respite and day care options compared to the client.

Figure 2.1: Main reasons for contacting the Gateway Services (%)

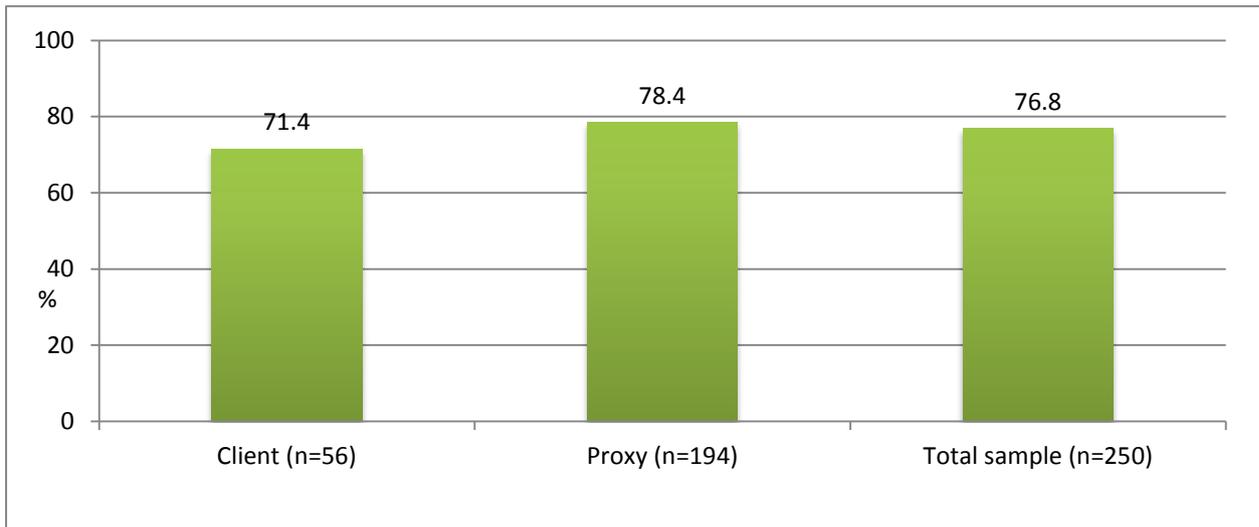


Base: All respondents (n=250)

2.2 Ease of finding first contact points for Gateway Services

All respondents were asked 'How easy or difficult was it for you to find the first contact points for the Disability Gateway Services?' As can be seen from Figure 2.2, the vast majority (76.8%) found accessing the first contact points as 'very' or 'fairly' easy. This may indicate that whilst the Gateway number is well advertised, more intensive marketing within the general community could further increase access to the Gateway.

Figure 2.2 Ease of finding the first contact points for Gateway Services (% very or fairly easy)



Base: All respondents (n=250)

2.3 Intake

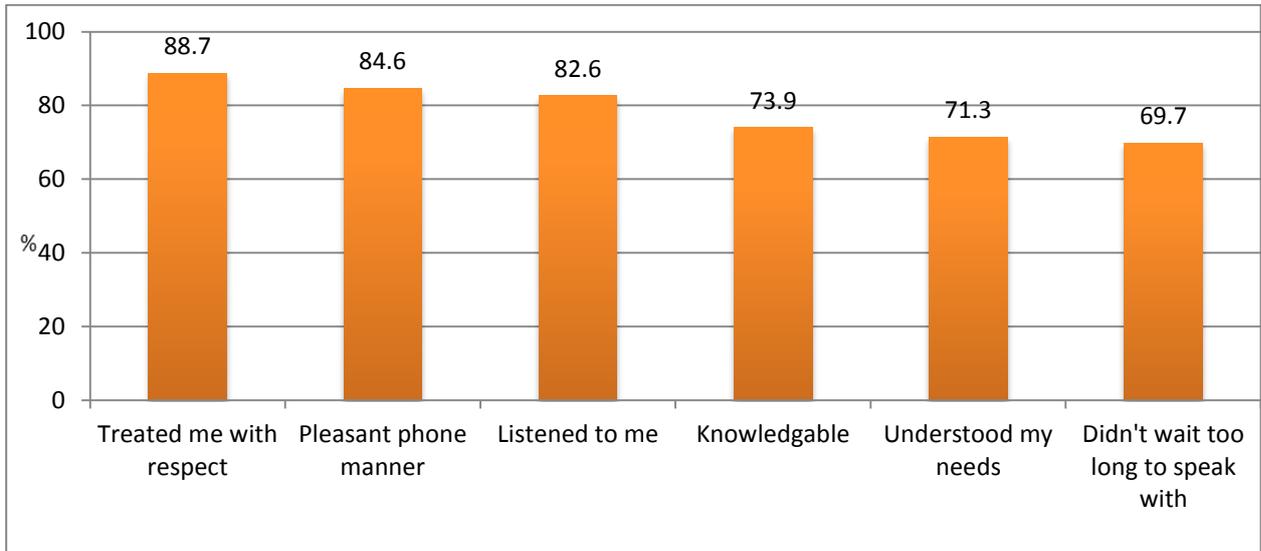
All respondents who recalled having contact with their intake worker (that is, the very first person they spoke to at the beginning of their contact with the Disability Gateway), were provided with a series of statements and asked how much they agreed or disagreed with each one (using a scale of 1 to 5, where 1 is strongly disagree and 5 is strongly agree).

2.3.1 Attributes of the Intake Worker

As shown in Figure 2.3, over eight in ten respondents reported that their intake worker ‘treated them with respect’ (88.7%), had a ‘pleasant phone manner,’ (84.6%) and felt as though their intake worker ‘listened to them’ (82.6%). A slightly lesser proportion (73.9%) thought their intake worker was knowledgeable and that their intake worker ‘understood their needs’ (71.3%). Just over two thirds of respondents (69.7%) felt that they ‘didn’t have to wait too long to speak with my intake worker’.

These findings support the ongoing need for continual training on building a greater understanding of persons living with a disability and their support options.

Figure 2.3 Attributes of the Intake Worker (% strongly agree or agree)

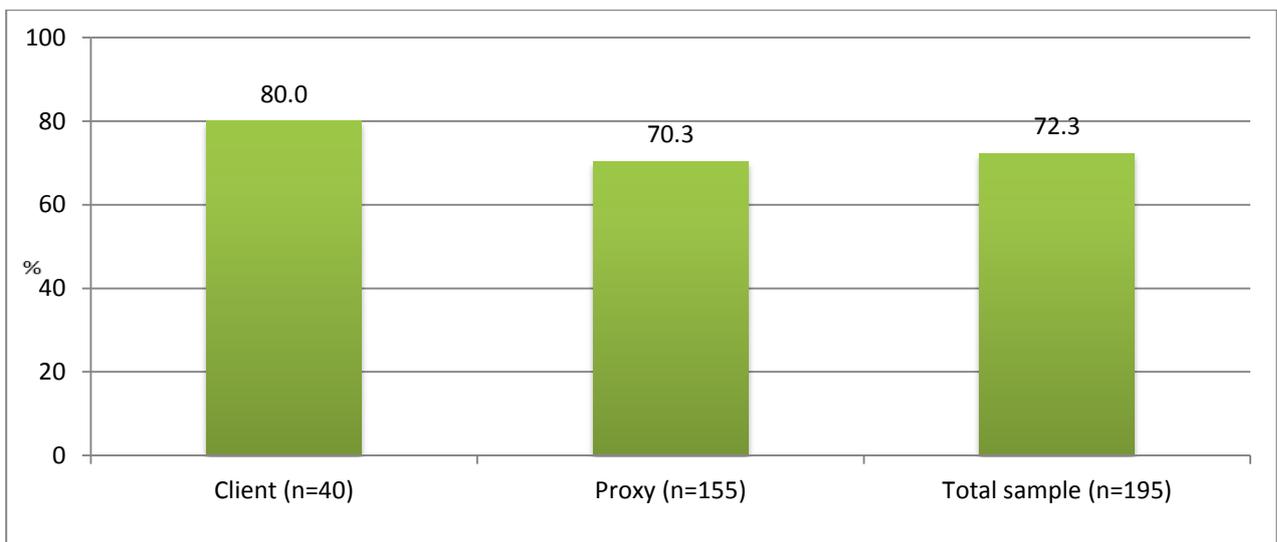


Base: All respondents who recalled contact with their intake worker (n=195)

2.3.2 Query resolution

As can be seen in Figure 2.4, eight in ten (80.0%) clients reported that their intake worker followed up any queries they had in a timely manner, compared to 70.3% reported by the contact person.

Figure 2.4 Queries followed up by Intake Worker (%)

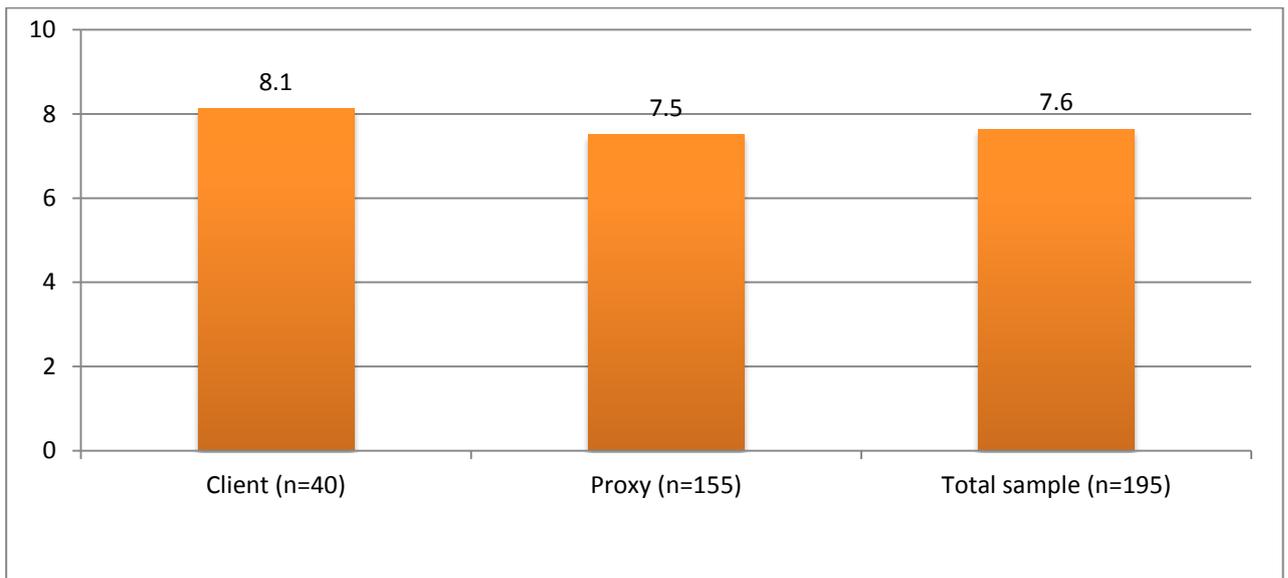


Base: All respondents who recalled contact with their intake worker (n=195)

2.3.3 Overall satisfaction with Intake Worker

All respondents were asked to rate their satisfaction with their intake worker on a scale of 1 to 10, where 1 is poor and 10 is excellent. A mean score of 7.6 out of ten was reported by the total sample (see Figure 2.5), indicating that overall, respondents are very satisfied with their intake worker. Clients living with a disability were slightly more satisfied with their intake worker compared to their contact person’s experience (mean score is 8.1 v 7.5 respectively).

Figure 2.5 Overall satisfaction with the Intake Worker (mean score)



Base: All respondents who recalled contact with their intake worker (n=195)

2.4 Assessment

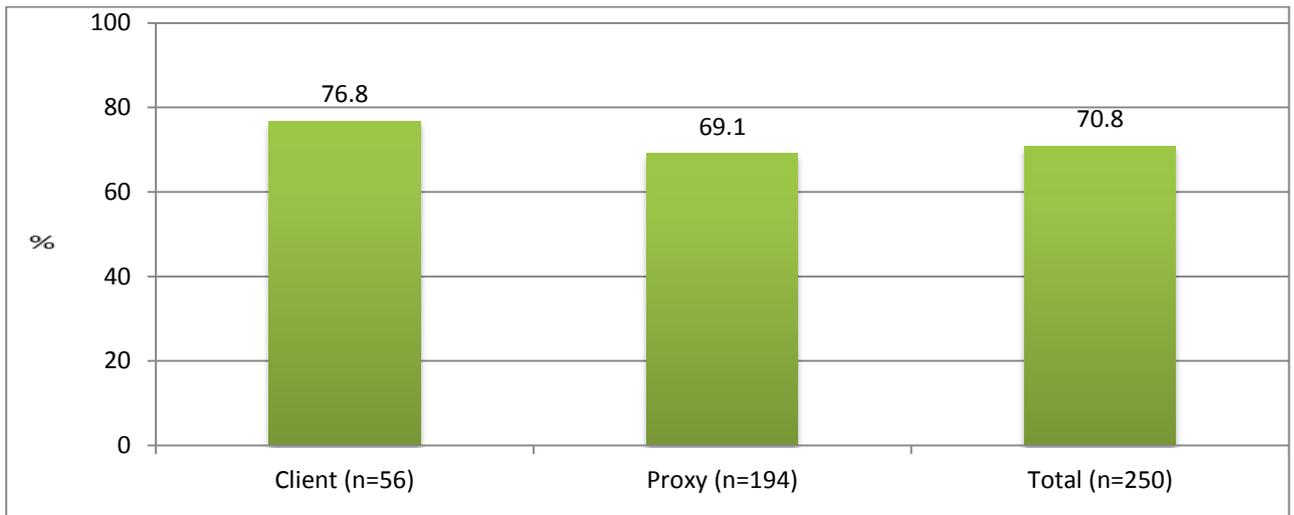
At first contact with the Gateway, an initial assessment is undertaken by a trained practitioner to determine the supports required for the client. At each assessment stage, Baptcare works together with the individual carers and families to determine the level of support preferred and required.

All respondents were provided with a series of statements on the assessment process and asked how much they agreed or disagreed with each one (using a scale of 1 to 5, where 1 is strongly disagree and 5 is strongly agree).

2.4.1 Needs taken seriously

As shown in Figure 2.6, approximately seven out of ten respondents (70.8%) reported that their individual needs were taken seriously during their assessment process. The result is higher for clients (76.8%) compared to their contact person (69.1%).

Figure 2.6 Individual needs were taken seriously throughout the assessment process (%)

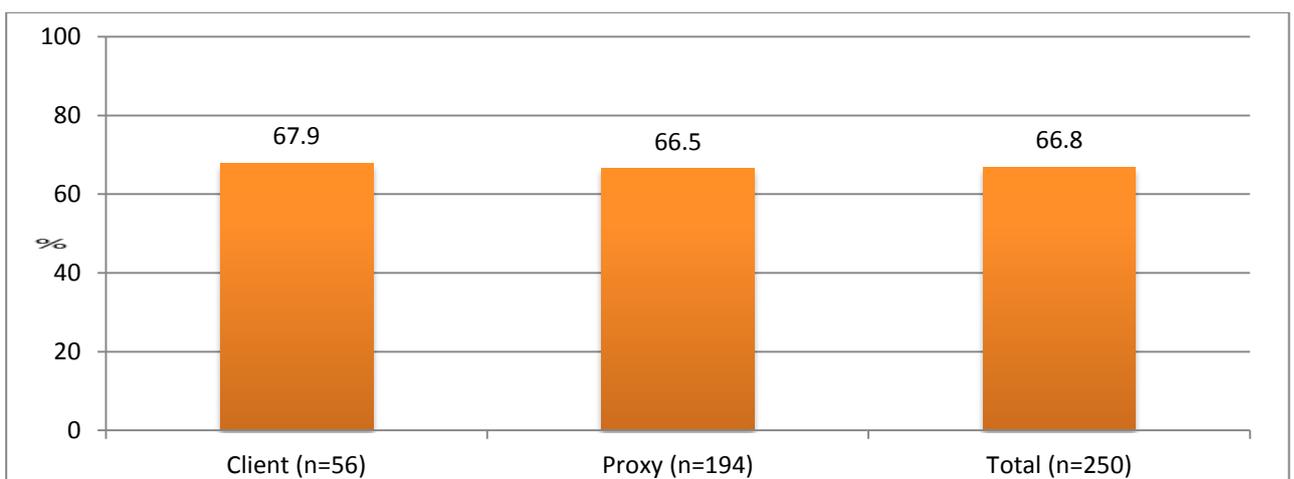


Base: All respondents (n=250)

2.4.2 Involvement with decisions about needs

Further, over two thirds of all respondents (66.8%) reported that they were involved in the decisions being made about their needs during the assessment process (see Figure 2.7). No differences were evident amongst sub-groups. (Notably, feedback obtained from the focus group participants highlighted that in times of high stress, the ability to participate in decision making was reduced. At these times, participants expressed a preference for more guidance and direction from Gateway staff, rather than active planning participation).

Figure 2.7 Involved in decisions being made about my needs (%)

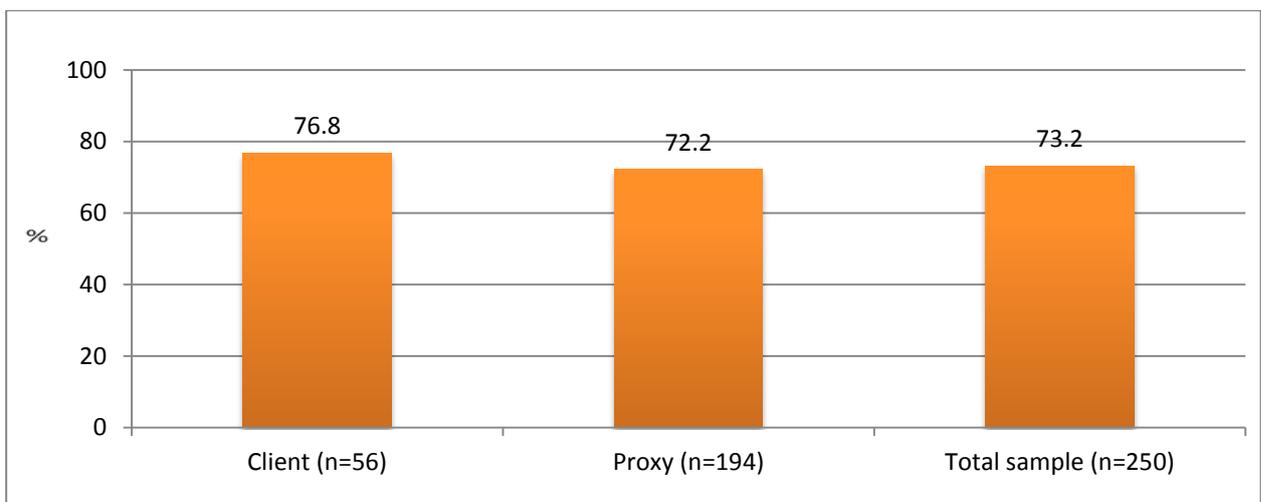


Base: All respondents (n=250)

2.4.3 Empowerment

As shown in Figure 2.8, more than seven in ten respondents (73.2%) felt empowered to determine choices and decisions about their needs. Whilst not significant, clients tended to be feel more empowered (76.8%) to determine choices and decisions compared with their nominated contact person (72.2%) throughout the assessment process. The minor variation in the data may be attributed to the client-centred modality that Baptcare implements, which at times may create a disparity between clients and carer’s goals - as some adult clients strive for greater independence. These findings provide evidence to support more empowerment programs in the form of capacity building for clients of the Gateway.

Figure 2.8 Empowered to determine choices and decisions about your needs (%)



Base: All respondents (n=250)

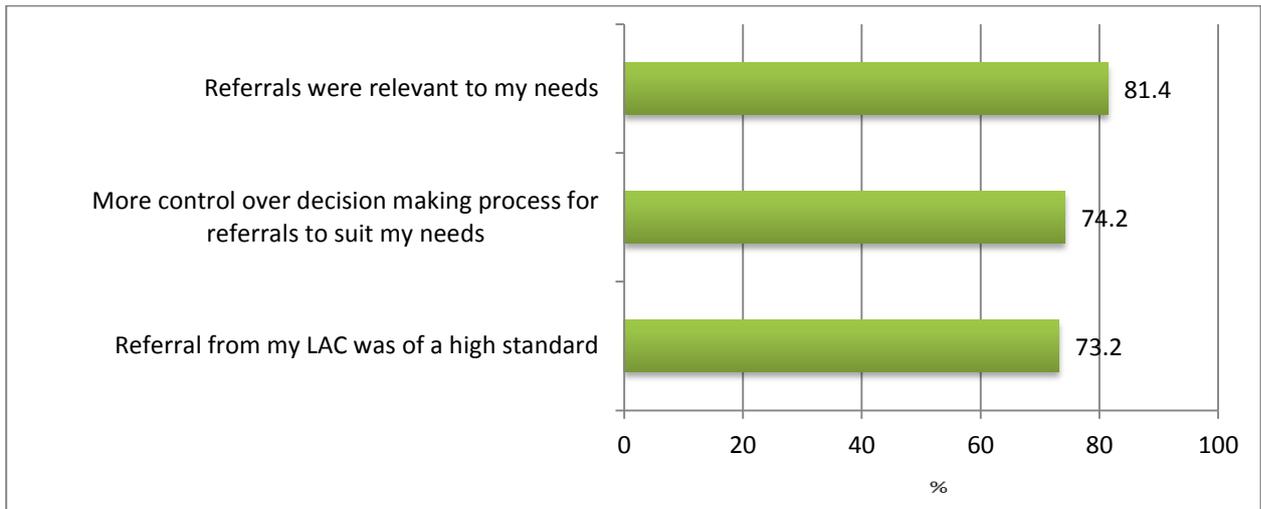
2.5 Referrals

All respondents who had received a referral for services through the Disability Gateway were provided with a series of statements in regards to the referral process and asked how much they agreed or disagreed with each one (using a scale of 1 to 5, where 1 is strongly disagree and 5 is strongly agree).

2.5.1 Referral attributes

Reference to Figure 2.9 examines respondents’ perceptions of the referral process and outcome. Over eight in ten (81.4%) respondents reported that their referral was relevant to their needs. Furthermore, almost three quarters (74.2%) felt they had control over the decision making process for referrals to suit their individual needs, with a similar proportion (73.2%) reporting that their referral from their local area coordinator was of a high standard. To note, this research has focussed on the Baptcare-provided elements of the disability support system (i.e. Gateway intake, assessment and planning). It does not intend to evaluate the quality or impact of external referrals.

Figure 2.9 Attributes of the Referral Process (% strongly agree or agree)



Base: All respondents in receipt of a referral through the Disability Gateway (n=97)

Note, due to the low sample size, these results were unable to be analysed at a sub-group level.

2.6 Local Area Coordination (LAC)

Local area coordinators provide support for people living with a disability, as identified through their targeted assessment. Interventions may be as a single session response to people with immediate need, ongoing person-centred planning and/or ongoing support to assist people with a disability to access the services they need to improve and maintain their quality of life. Local area coordinators develop a case plan in conjunction with the person, their family and other supports. It is a role which requires comprehensive assessment, planning and interpersonal skills and experience.

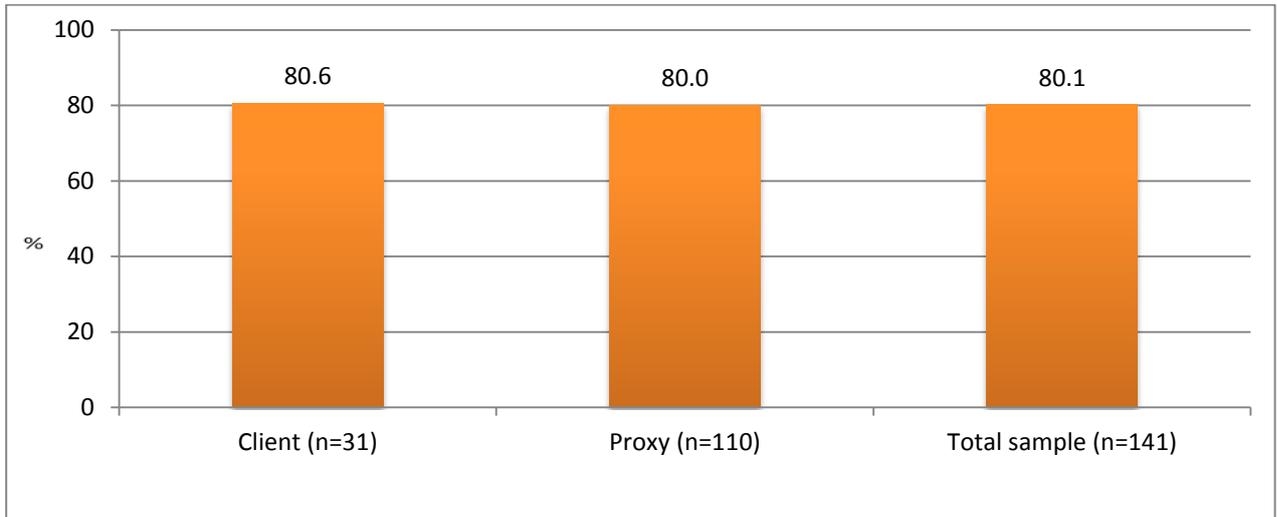
Where risk or vulnerability has been identified and the person does not already have an identified support, Gateway refers the person to the LAC team to provide critical case support and ensure the person creates lasting connections with a suitable range of supports. This is a shared planning process and often includes building the capacity of the community and family members.

All respondents who have previously used, or are currently using LAC services through the Disability Gateway were provided with a series of statements and asked how much they agreed or disagreed with each one (using a scale of 1 to 5, where 1 is strongly disagree and 5 is strongly agree).

2.6.1 Role and purpose of LAC was made clear

As can be seen in Figure 2.10, eight in ten respondents (80.1%) reported that the role and purpose of LAC through the Gateway was made clear. There is no difference in response according to sub-group.

Figure 2.10 The role and purpose of LAC was made clear (% strongly agree or agree)

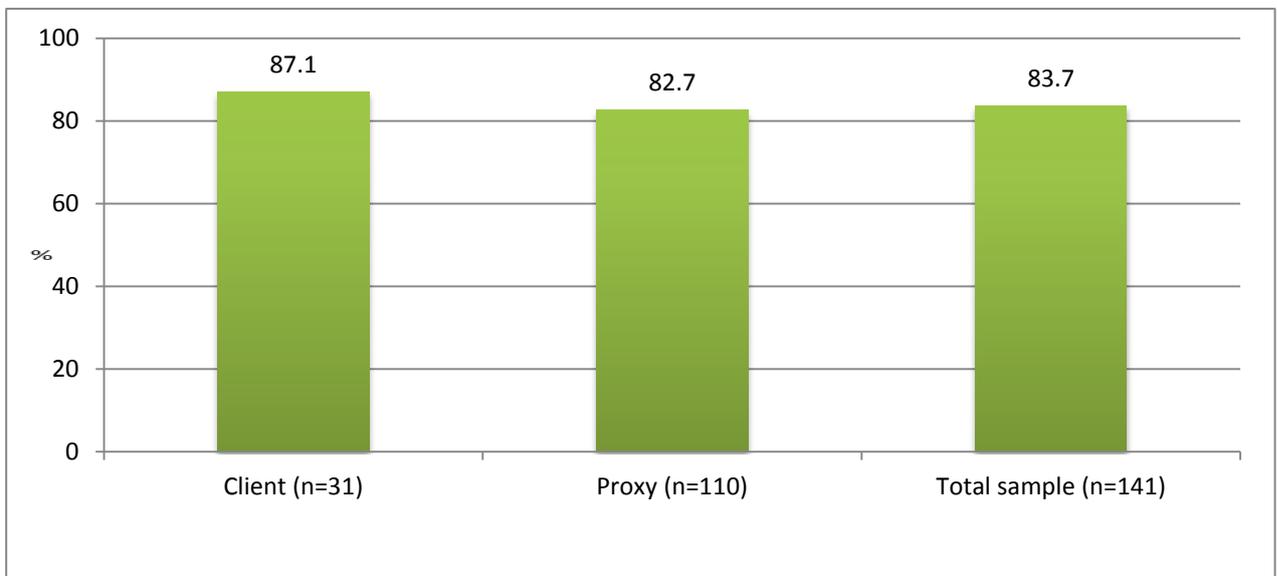


Base: All respondents in receipt of Local Area Coordination Services (n=141)

2.6.2 Satisfaction with LAC provided by Gateway services

The overwhelming majority of clients (87.1%) were satisfied with the LAC service provided by the Gateway, compared to 82.7% of the proxy sample (Figure 2.11).

Figure 2.11 Satisfaction with LAC provided by Gateway services (%)

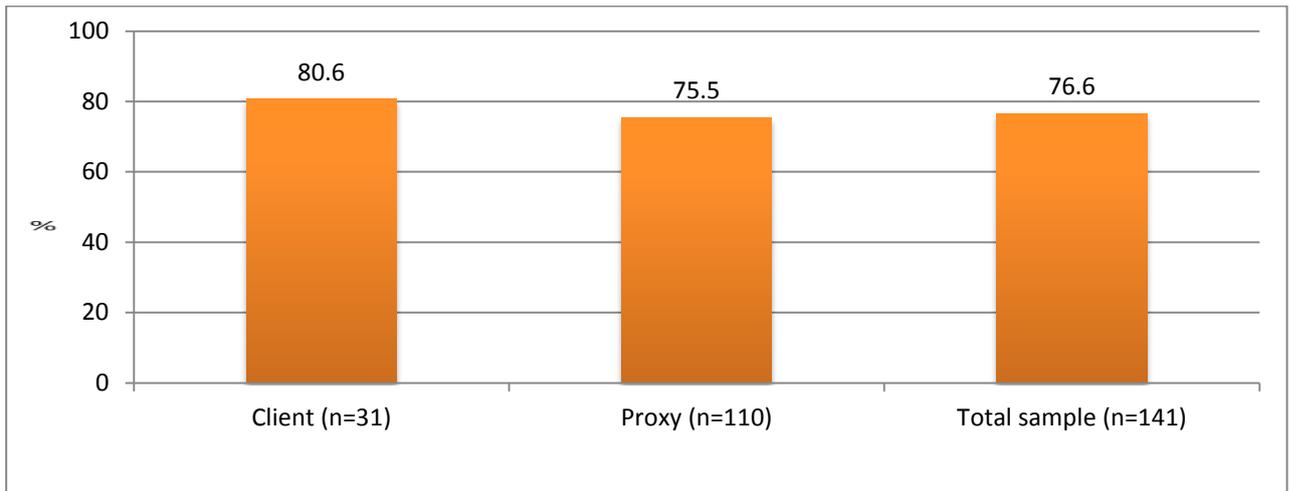


Base: All respondents in receipt of Local Area Coordination Services (n=141)

2.6.3 LAC met needs in a timely manner

Further to the high level of satisfaction with LAC reported by respondents, reference to Figure 2.12 shows that eight in ten clients (80.6%) reported that LAC met their needs in a timely manner. This compares to 75.5% of the proxy sample.

Figure 2.12 LAC met needs in a timely manner (%)

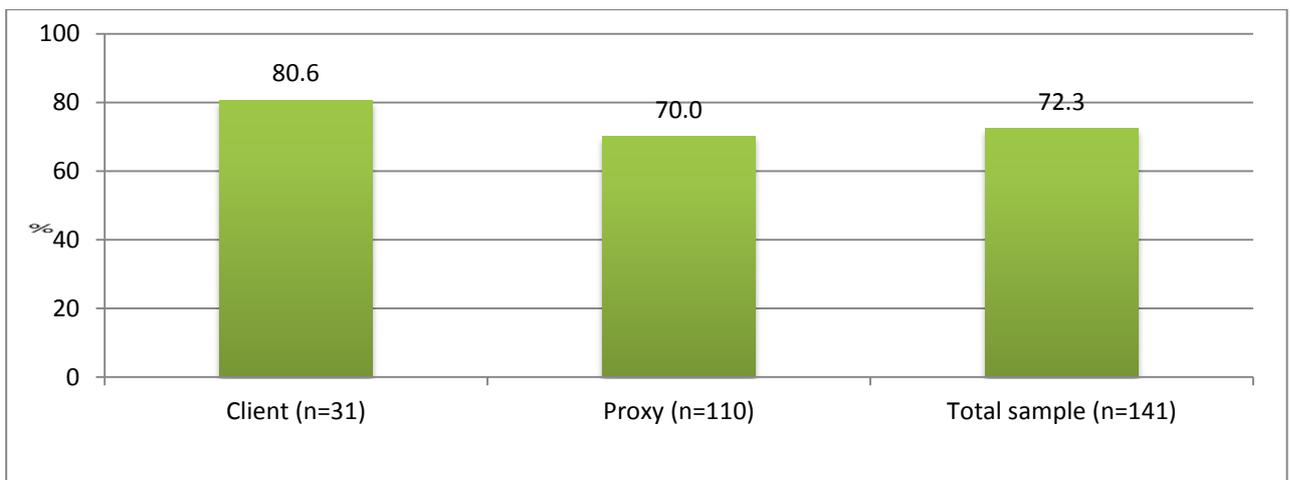


Base: All respondents in receipt of Local Area Coordination Services (n=141)

2.6.4 Dealt with one local area coordinator with disability services experience

The same proportion of clients (80.6%) report that throughout their LAC experience they dealt with just the one local area coordinator with disability services experience (compared with 70% of proxy clients).

Figure 2.13 Dealt with the one local area coordinator with Disability Services Experience (%)



Base: All respondents who used Local Area Coordination Services (n=141)

3. General Perceptions of the Disability Gateway

This section of the report outlines respondents’ general perceptions and overall satisfaction with the Disability Gateway service.

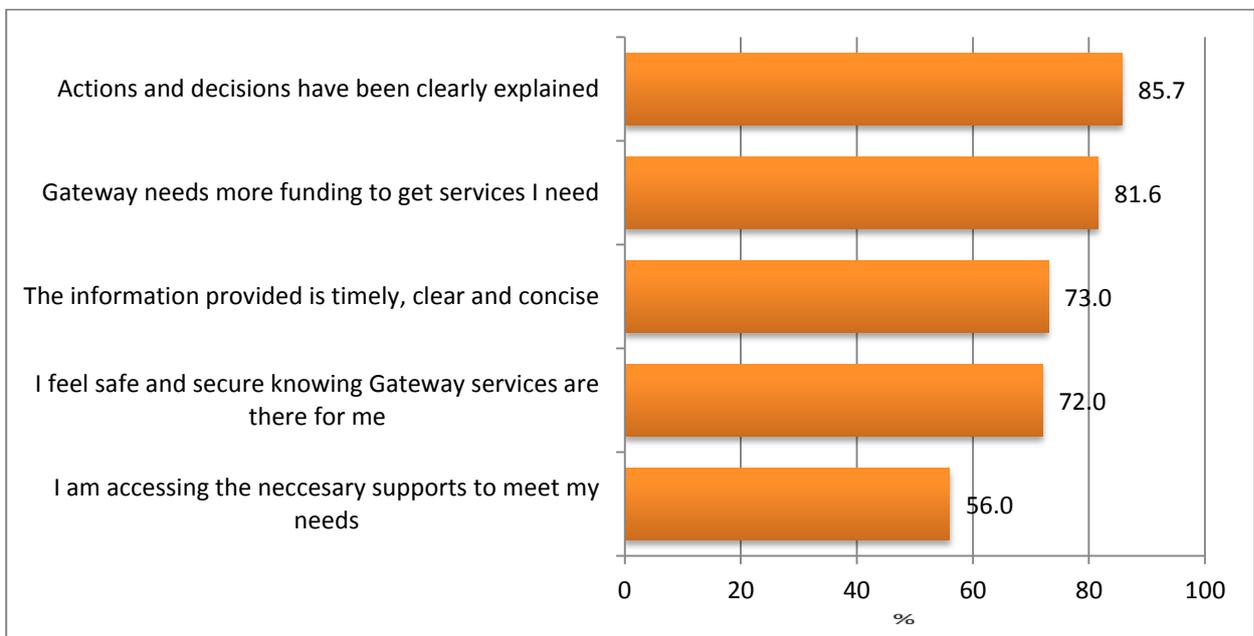
3.1 Perceptions of the Disability Gateway

As shown in Figure 3.14, the overwhelming majority of respondents (85.7%) perceive that any ‘actions or decisions’ that have been made have been ‘clearly explained’. A similarly high proportion of respondents (81.6%) believe that ‘more funding’ would lead to better service accessibility. In turn, this may enhance individual empowerment, self-determination and responsibility by the client living with disability.

Approximately seven out of ten respondents report that ‘information provided to them is timely, clear and concise’ (73.0%). Virtually the same proportion (72.0%) feels ‘safe and secure knowing that the Gateway service is there for them’. Just over half of respondents (56.0%) feel ‘they are accessing the necessary supports to meet their needs’.

While analysis by sub-group revealed no significant differences between clients and their nominated contact person, clients reported that they were more likely to ‘feel safe and secure knowing Gateway is there’ (76.8%) and that they are ‘accessing the necessary supports to meet their needs’ (60.7%).

Figure 3.14 General Perceptions of the Disability Gateway (%)

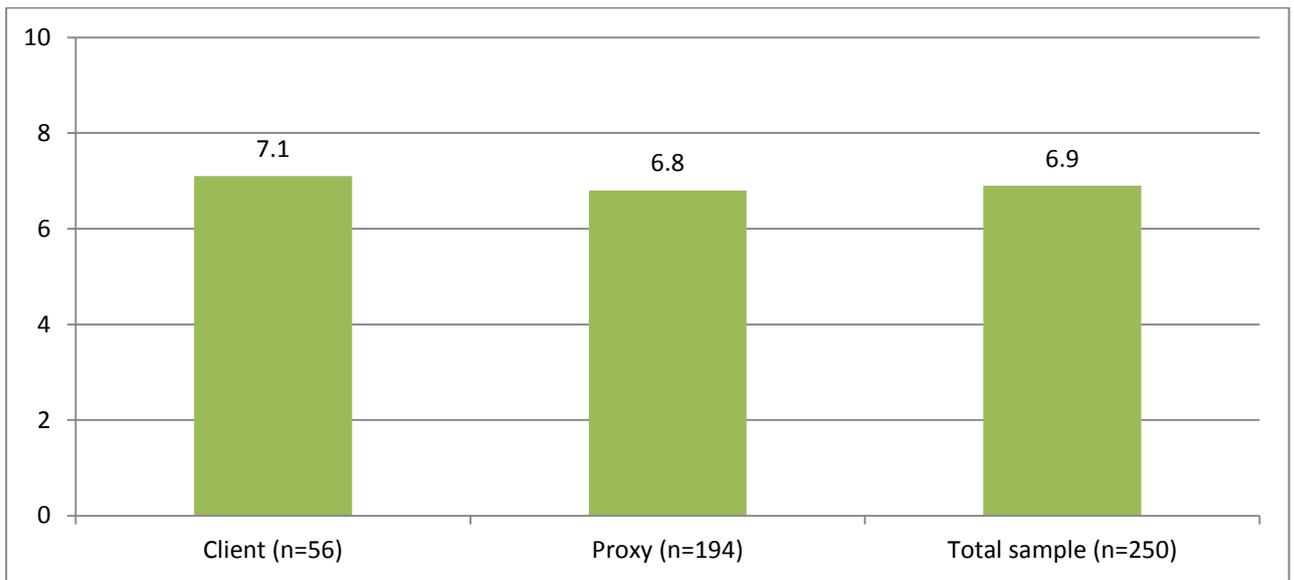


Base: All respondents (n=250)

3.2 Overall Satisfaction with the Disability Gateway

All respondents were asked to rate their overall satisfaction of their Gateway experience, by using a scale of 1 to 10, where 1 is 'extremely unsatisfied' and 10 is 'extremely satisfied'. As can be seen in Figure 3.15, clients reported a mean score of 7.1 out of ten, compared with a mean score of 6.8 for the nominated contact person. This finding suggests that while most people are quite satisfied with their experience, there is room for improvement. This is further explored in Section 4 of this report.

Figure 3.15 Overall Satisfaction with the Disability Gateway (mean score)



Base: All respondents (n=250)

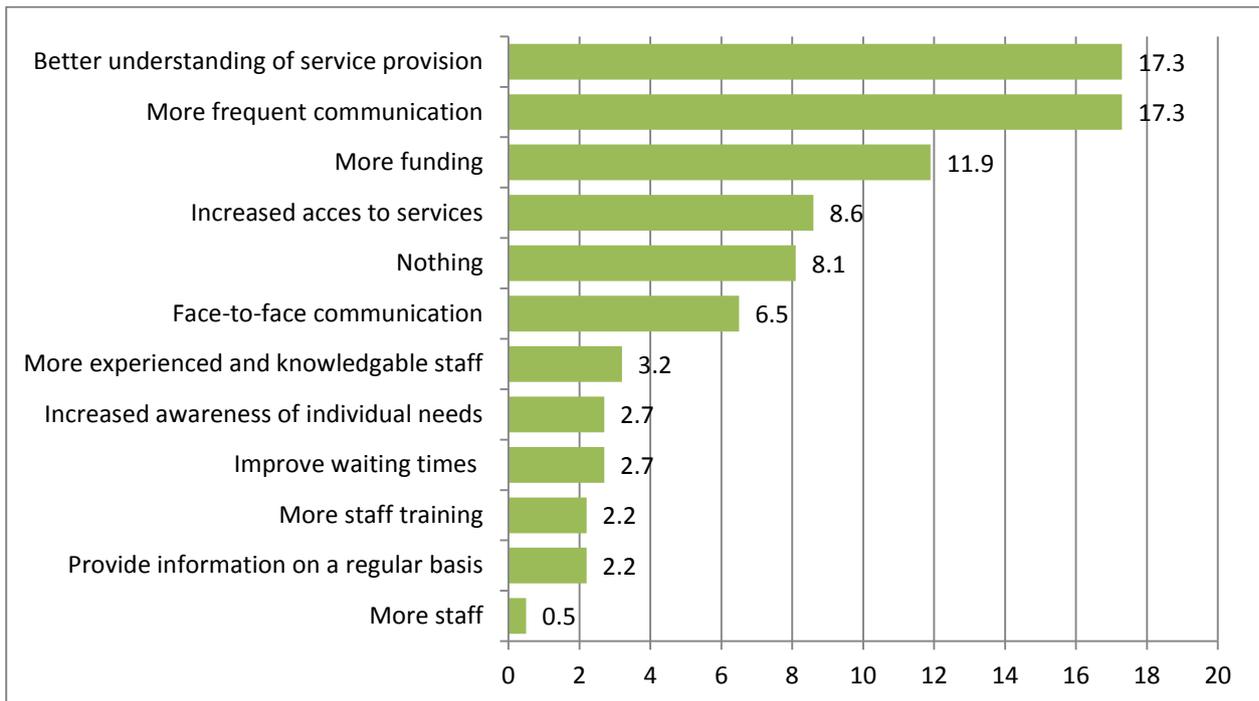
4. Improvements for the Disability Gateway

All respondents were encouraged to provide suggestions on how the Disability Gateway service could be improved. The most frequent mentions for improvements consisted of a 'better understanding of service provision' and 'more frequent communication' (17.3% each). This was followed by 'more funding' (11.9%) and 'increased access to services' (8.6%).

When broken down by response type (data not shown) clients reported that 'more frequent communication' (24.4%), 'better follow up' (19.5%) and 'better understanding of service provision' (14.6%) were the most common suggested improvements.

On balance, this suggests that there is scope for Baptcare to not only communicate more frequently with its clients, but also better communicate upfront the breadth of service provision that exists with the Gateway, in particular, which services are within (or outside) its jurisdiction. This may also assist in managing clients' expectations at the start of their journey within the Gateway.

Figure 4.1 Suggested Improvements for the Disability Gateway (%)



Base: All respondents (n=250)

5. Changes in Gateway Service Delivery

This section of the report examines the delivery outcomes for clients who transitioned from DHHS Disability Service into the Disability Gateway.

5.1 Changes in Gateway Service Delivery

Existing clients of DHHS Disability Services were asked if they found the navigation of the Gateway service 'better', 'worse' or much the 'same' as before. Approximately half of respondents (52.8%) reported the navigation of support services as the 'same,' a third of respondents (33.6%) thought it was 'better,' and a small proportion (13.6%) reported it was 'worse.' For the group of clients who reported the navigation through Gateway was 'better,' the changes they experienced warranted further exploration in order that we gain an understanding of the points of differentiation between the two models of service delivery.

As shown in Table 5, transitional clients reported significant differences in satisfaction and outcomes across a range of functions within the Gateway, compared to the sample overall. Most of these differences were found within Intake in terms of attributes such as phone manner, timely resolution of queries and knowledge and understanding of the individuals' needs. These clients were also more likely to report that they felt a sense of empowerment over increase capability to determine choices and decisions about their needs, as well as taking an active role and being involved in these decisions during the assessment process. Further, they were more likely to have their needs met through LAC and felt as though their local area coordinator had relevant disabilities experience.

Other differences in service delivery included feeling as though they had access to the supports they needed, and feeling supported knowing that the Gateway service is there for them.

Collectively, this has contributed to clients' reporting higher levels of satisfaction with both their intake worker, and with the Disability Gateway service.

Table 5 Changes in Gateway Service Delivery (%)

	Transitional clients	Total sample
	%	%
Intake:		
Intake worker had a pleasant phone manner	93.5	84.6
Intake worker followed up queries in a timely manner	93.5	72.3
Intake worker was knowledgeable	87.1	73.9
Intake worker understood my needs	83.9	71.3
Needs assessment:		
Empowered to determine choices and decisions based on needs	85.7	73.2
Involved in decisions about needs	78.6	66.8
Local Area Coordination:		
LAC met needs in a timely manner	87.9	76.6
Dealt with the one local area coordinator with disabilities experience	84.8	72.3
General perceptions of the Gateway:		
Information is timely, clear and concise	95.2	73.0
Feel safe knowing the Gateway is there for you	90.5	72.0
Accessing the necessary supports	71.4	56.0
Satisfaction	Mean score	Mean score
Overall satisfaction with Intake worker	8.9	7.6
Overall satisfaction with the Disability Gateway	8.7	6.9

Results are significantly different from the total sample ($p < .05$), $n > 30$

6. Implications of the Research

To date, the implementation and operation of the Disability Gateway service has been a success. This is evidenced by a number of factors including ease of accessing the Gateway, the high level of satisfaction with Intake processes and outcomes, the active involvement in their needs assessment, and support from Local Area Coordination. Further, the majority of respondents are very satisfied with the Gateway and feel a sense of security knowing the Gateway service is available when needed.

However this research has also identified areas that can be improved and these will be implemented consistent with Baptcare's commitment to continuous improvement.

The Disability Gateway has been in operation for two years and is still in the formative stages of its reform. Baptcare will continue to take a leadership role in the state-wide reform of disability and apply robust change management strategies to influence service provision by working in partnership with Government and other service providers to create more flexible approaches to client- centred services.

In the absence of any formal and systematic evaluation of the Disability Gateway model, this research has created a benchmark within the sector relating to client satisfaction of disability service provision. It is anticipated that the survey will be repeated in the next 12 months to measure whether improvements have been made - with the aim of improving satisfaction and outcomes for those who engage in the service.